



Chapter 8

Objectives

South Carolina Cancer
Prevention and Control

Chapter 8. Goals and Objectives

Collaboration and Partnerships

Goal: *Assure a well-defined, comprehensive approach to cancer prevention, detection, and care through strategic collaboration with the health care community, research institutions, federal and state government, the private sector, and volunteer and community organizations.*

Surveillance

Goal: *Establish a comprehensive cancer surveillance system in South Carolina.*

Objective 1. To maintain long-range support for the South Carolina Central Cancer Registry (SCCCR).

Strategy 1. Seek continued funding for the registry.

Strategy 2. Maintain adequate staffing for the SCCCR.

Objective 2. To monitor and report on the occurrence and patterns of cancer in South Carolina.

Strategy 1. Measure cancer incidence by cancer type, stage at diagnosis, geographic occurrence, and population group.

Strategy 2. Measure cancer mortality by cancer type, geographic occurrence, and population group.

Strategy 3. Collaborate with DHEC Geographic Information System (GIS) researchers to track cancer occurrence against health care availability and other geographic variables.

Strategy 4. Collaborate with the DHEC Cancer Cluster researchers to monitor the temporal and spatial patterns of cancer within the state.

Strategy 5. Collaborate with existing state, regional, and national health information systems to establish linkages for data integration.

Objective 3. To make cancer registry data available to health care planners, researchers, and health care providers.

Strategy 1. The CCAC Surveillance subcommittee will provide oversight for appropriate utilization of registry data.

Strategy 2. Develop protocols for the release and utilization of confidential data from the SCCCR.

Strategy 3. Promote utilization of SC cancer surveillance data by program planners, health care providers, researchers and data providers.

Objective 4. To collaborate with the American Cancer Society to produce an annual *South Carolina Facts and Figures*, using SCCCR data.

Goal: Comply with national surveillance standards.

Objective 1. To comply with national standards for data completeness and timeliness.

Strategy 1. Collect data from all available sources, including hospitals, laboratories, physician's offices and free-standing treatment centers.

Strategy 2. Establish data exchange agreements with other states to share resident data.

Objective 2. To establish an integrated quality assurance program for cancer surveillance.

Goal: Monitor cancers which are unusually high in South Carolina, or which disproportionately affect certain segments of the population, based on cancer mortality rates.

Objective 1. To establish baseline measurements for esophageal cancer in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates. (*SC ranks 4th in the US in Esophageal Cancer mortality.*)

Objective 2. To establish baseline measurements for multiple myeloma in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates. (*SC ranks 2nd in the US in Multiple Myeloma mortality*)

Objective 3. To establish baseline measurements for pancreatic cancer in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates. (*SC ranks 7th in the US in Pancreatic Cancer mortality.*)

Objective 4. To establish baseline measurements for brain cancer in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates. (*SC ranks 12th in the US in Brain Cancer mortality.*)

Objective 5. To establish baseline measurements for ovarian cancer in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates. (*Ovarian Cancer ranks 4th in cancer mortality for white women in SC; 5th for black women.*)

Objective 6. To establish baseline measurements for uterine cancer in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates. (*Uterine Cancer ranks 7th in cancer mortality for black women in SC.*)

Objective 7. To establish baseline measurements for bladder cancer in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates. (*Bladder cancer is 4th most common cancer for American men. The priority given this cancer must be reassessed as incidence data for South Carolina becomes available.*)

Objective 8. To establish baseline measurements for stomach cancer in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates. (*Stomach Cancer ranks 5th in cancer mortality for black men and 8th for black women in SC.*)

Objective 9. To identify counties with the most aberrant cancer rates or population groups with the most disparate frequencies.

Goal: Monitor the impact of the environment on the health of South Carolinians with regard to cancer and provide public education on cancer and the environment in South Carolina.

Objective 1. Establish long-range funding to support epidemiological research and public education on Cancer and the Environment within DHEC.

Objective 2. To collaborate with other groups within DHEC, including the Office of Environmental Quality Control to take a proactive approach to addressing public concerns.

Objective 3. To establish partnerships with university groups, non-profit organizations, and community groups to study the impact of the cancer on the environment in South Carolina.

Community Partners: American Cancer Society, SC Office of Research and Statistics, SC Medical Association, SC Hospital Association, USC School of Public Health, SC Cancer Registrars Association, SC Health Information Management Association, NAACCR, Southeast Cancer Registries Network, SEER.

Cancer Prevention

Goal: Increase the proportion of primary care providers who routinely counsel patients about tobacco use cessation and diet modification.

*Healthy People 2000 Goal is to increase this proportion to at least 75%.
South Carolina has no current baseline measurement.*

Goal: To decrease the rate of tobacco use among South Carolinians.

Healthy People 2000 goal is to reduce cigarette smoking to no more than 15% among people 20 and older.

Target 1. Delineate and disseminate data describing tobacco-related cancers in SC, including incidence, mortality, and geographic distribution.

Target 2. Reduce tobacco use among youth by one-third.

Target 3. Reduce tobacco use among South Carolina adults to less than 20%.

Target 4. Develop and coordinate the resources needed to implement and evaluate these prevention measures.

Objective 1. Produce an annual report on tobacco use and consequences in South Carolina.

Objective 2. Increase the SC state tax on tobacco by at least 100%.

Objective 3. Prohibit the promotion of tobacco products at sporting, music and cultural events in South Carolina.

Objective 4. Increase to 100% the number of SC schools with enforced policy prohibiting tobacco use on school property or at any school-sponsored events. This includes grades K-12, public and private schools.

Objective 5. Increase the percentage of youth who view cigarette smoking as socially, economically, physically, and personally undesirable.

Strategy 1. Strengthen tobacco use prevention curricula in schools.

Strategy 2. Conduct statewide marketing campaigns to discourage youth use of tobacco.

Strategy 3. Help families discourage tobacco use among children.

Objective 6. Increase the enforcement of laws and regulations prohibiting tobacco sales to minors, such that less than 20% of merchants are found to sell illegally to minors.

Strategy 1. Educate merchants about regulations that prohibit tobacco sales to minors.

Strategy 2. Monitor tobacco sales to minors in South Carolina.

Objective 7. Increase the number of youth tobacco users who participate in efficacious tobacco-use cessation programs.

Strategy 1. Ensure that efficacious smoking cessation programs are available and accessible to youth smokers.

Objective 8. Increase the number of smoke-free facilities and environments accessed by the public.

Strategy 1. Repeal pre-emption.

Strategy 2. Strengthen South Carolina's 1990 Clean Indoor Air Act to ensure that non-smokers are not unwillingly exposed to tobacco smoke.

Strategy 3. Collaborate with South Carolina businesses and industry to provide smoke-free environments and efficacious smoking cessation programs for employees.

Objective 9. Increase the number of adult smokers who participate in efficacious smoking cessation programs.

Strategy 1. Develop health care provider's skills to assist their patients to stop smoking.

Strategy 2. Ensure that efficacious smoking cessation programs are available and accessible to smokers.

Objective 10. Increase non-ASSIST state and federal tobacco control funding to at least \$1 million per year.

Objective 11. Increase the number of individuals and organizations participating in a statewide tobacco-use prevention coalition.

Community Partners: Project ASSIST, American Cancer Society, American Lung Association, American Heart Association, Primary Care Association, USC School of Public Health, Medical University of South Carolina.

Nutrition

Overall Goal: *To promote dietary habits which are known to prevent cancer.*

Goal: *Increase the complex carbohydrate and fiber-containing foods in the diets of South Carolinians to 5 or more daily servings for vegetables and fruits and 6 or more servings of grains.*

Goal: *Reduce dietary fat intake to an average of 30 percent of calories among people aged 2 and over.*

Healthy People 2000 Goal is five a day for fruits and vegetables.

South Carolina baseline: only 23.9% of the population eats five or more servings of fruit and vegetables a day.

Objective 1. Assess existing educational programs and campaigns available in South Carolina through such programs as DHEC Community Health, Comprehensive School Health, American Cancer Society's Charting the Course, the American Heart Association, SC hospitals, and the SC Nutrition Council to identify gaps in health promotion education for nutrition.

Objective 2. Assess nutrition programs and educational materials developed through federal agencies, other states, and non-profit organizations for use in South Carolina.

Objective 3. Develop educational/marketing materials to help South Carolinians learn to use familiar, inexpensive and readily available foods to improve their diets and meet nutritional recommendations for cancer prevention.

Objective 4. Develop educational/marketing materials to help all South Carolinians understand nutritional recommendations, particularly regarding fat intake.

Objective 5. Increase the proportion of school lunch and breakfast services and child care food services with menus that offer choices for high fiber, low-fat menus. (No baseline data available.)

Objective 6. Increase the proportion of South Carolina schools which provide nutrition education

from preschool through 12th grade as part of school health education. (No baseline data available.)

Objective 7. Increase the proportion of hospital menus which offer identifiable, low-fat, low-calorie, food choices in their menus.
(No baseline data available.)

Objective 8. Increase the proportion of South Carolina restaurants, fast food vendors and institutional food services which offer identifiable, low-fat, low-calorie food choices in their menus.
(No baseline data available.)

Objective 9. Increase the proportion of primary care providers who provide nutritional assessment and counseling and/or referral to qualified nutritionists or dietitians.

Objective 10. Build on the tradition of South Carolina as an agricultural state by promoting fruit and vegetable gardening among South Carolina residents.

Community Partners: American Cancer Society, Healthy Schools, Healthy South Carolina, American Dietary Association, American Heart Association, South Carolina Hospital Association, Primary Care Association, Primary Care Physicians, Alliance for South Carolina's Children, Clemson University Extension, Medical University Programs, Nursing School Programs, SC Nutrition Council, Seeds of Hope.

Skin Cancer Prevention

Goal: *To reduce exposure to the sun for people of all ages and increase use of sunscreens and protective clothing.*

Healthy People 2000 Goal is to increase the proportion of people who follow sun-safe guidelines to at least 60%

South Carolina has no current baseline on sun-safe practices.

Objective 1. Measure baseline data on behavior of South Carolinians with regard to sun-safe practices.

Objective 2. Perform a resource assessment of existing sun-safe programs and media campaigns in South Carolina.

Objective 3. Identify which groups of adults are at high risk of skin cancer due to occupational activities.

Partnerships

Objective 4. Development strategic partnerships within South Carolina to reduce overexposure to the sun for both children and adults in South Carolina.

Strategy 1. Develop partnerships with existing prevention programs, research centers, hospital cancer centers, and volunteer organizations to cooperate on sun-safe programs.

Strategy 2. Develop partnerships with educational organizations and physician's groups to educate parents and caregivers on the danger of overexposure to the sun for children under 18.

Strategy 3. Develop partnerships with day care associations and schools to increase knowledge and change behavior of teachers in South Carolina.

Strategy 4. Work with day care centers and parks, and city and county recreation districts to decrease sun exposure for children by increasing shade and shelters.

Strategy 5. Collaborate with businesses or organizations whose employees are at greater risk for skin cancer to protect employees from overexposure to the sun.

Public Education

Objective 5. Develop educational materials to educate parents and caregivers about the hazards of overexposure to the sun for young children.

Objective 6. Evaluate educational campaigns available through the federal government, other states and territories, and professional organizations for use in South Carolina and adapt these materials for use in South Carolina.

Objective 7. To assure safety compliance with existing state legislation and regulations regarding tanning machines.

Community Partners: American Cancer Society, American Dermatology Association, Primary Care Association, Day Care Associations, Pediatricians, SC Medical Association, SC Nursing Association, Hollings Cancer Center, Palmetto Alliance, SC Forestry Commission, State Budget and Control Board.

Cancer Detection

Goal: Increase the proportion of primary care providers who routinely counsel patients about cancer screening recommendations.

*Healthy People 2000 Goal is to increase this proportion to at least 75%
South Carolina has no baseline measurements for this goal.*

Colorectal Cancer Detection

Goal: To increase the use of colorectal cancer screening and follow-up services in South Carolina and ultimately, to reduce the number of lives lost to colorectal cancer.

Healthy People 2000 Goal is to increase to at least 50% the proportion of people 50 and older who have received fecal occult blood testing within the preceding 1 to 2 years and to at least 40% those who have received proctosigmoidoscopy.

Objective 1. To establish baseline measurements for colorectal cancer in SC, including incidence rates, stage at diagnosis, and geographic distribution.

Objective 2. To assess barriers to screening for colorectal cancer, with particular emphasis on high risk groups.

Strategy 1. Measure baseline data on public awareness of early symptoms and screening guidelines for colorectal cancer.

Strategy 2. Measure baseline data on the percentage of primary care providers who routinely counsel their patients regarding colorectal screening.

Strategy 3. Evaluate current insurance coverage for colorectal testing by principal SC providers.

Strategy 4. Measure baseline data on the percentage of South Carolinians who follow ACS recommendations on colorectal screening.

Strategy 5. Evaluate professional education for colorectal cancer screening in South Carolina.

Strategy 6. Evaluate health care capacity in South Carolina for colorectal cancer detection, including the availability of fecal occult blood tests, sigmoidoscopy, and colonoscopy. This assessment should include cost analysis of colorectal screening and geographic distribution of services.

Objective 3. To develop strategies for public and professional education on the importance of early detection of colorectal cancer.

Community Partners: American Cancer Society, SC Medical Association, Primary Care Association, SC Nurses Association, SC Providers, USC School of Public Health, SC Medical Schools and Nursing Programs.

Breast Cancer Detection

Goal: *To increase the use of breast cancer screening and follow-up services and ultimately, to reduce the number of women whose lives are lost to breast cancer in South Carolina.*

Healthy People Goal: *Increase to at least 60% the proportion of women 50 who have had a mammogram and clinical breast examination within the past one to two years.*

Target 1. To increase the percentage of women aged 50 and over who have had a mammogram and clinical breast examination within the past two years from 68.4% to 75%.
(BRFSS baseline, 1995)

Objective 1. In collaboration with the federally funded Breast and Cervical Cancer Control Program, develop and disseminate comparable services to all women in South Carolina.

Strategy 1. Seek increased state cancer funds to match the funding level of the SCBCCCP for

screening services.

Strategy 2. Seek regional and local grants from non-government sources to expand screening services.

Public Education

Objective 2. To increase knowledge and health-seeking behavior of women with regard to the importance of breast cancer screening.

Strategy 1. To develop alliances with business and industry for the purpose of disseminating information on breast cancer screening to the general public.

Strategy 2. To expand community outreach activities which raise awareness about breast cancer screening.

Provider Referral

Objective 3. To increase the percentage of health care providers who recommend mammograms to their patients.

Strategy 1. Conduct a baseline survey to determine the percentage of primary care providers who routinely counsel their patients to receive mammograms.

Strategy 2. Conduct a baseline survey to determine the percentage of specialists who counsel older women regarding age-appropriate breast cancer screening guidelines.

Follow-Up Care

Objective 4. To educate all women in South Carolina about their risk of breast cancer and the need to return for appropriate rescreening or diagnostic testing.

Strategy 1. Gather baseline data on follow-up patterns of women with abnormal mammograms and CBEs and propose strategies for increasing timely access to care.

Strategy 2. Promote standardized clinical guidelines for providing follow-up care for each type of mammography result.

Strategy 3. Promote the use of reminder or tracking systems which inform women of the need for follow-up and/or rescreening, using the SC BCCCP program model.

Access To Follow-up Care

Objective 5. To advocate for an adequate resource network to enable all women in need of diagnostic follow-up to receive care in a timely manner.

Professional Education

Objective 6. To educate providers about appropriate methods for conducting clinical breast examinations and self-breast examinations and urge the incorporation of these programs into clinical practice.

Objective 7. To facilitate multidisciplinary coordination of care among providers who provide services to women with abnormal mammograms or clinical breast examinations.

Objective 8. To provide continuing education to radiologists and radiology technicians in mammography.

Community Partners: *Best Chance Network, Mammography Coalition, American Cancer Society, Carolina Healthstyles, Medicare PRO, Primary Care Association, SC Medical Association, SC Nursing Association, American College of Gynecologists, SC Teachers Association, YWCA, National Association of Breast Cancer Organizations, Breast Health Centers, Avon, Komen Foundation, Blue Cross/Blue Shield, Companion.*

Cervical Cancer Detection

Goal: *To increase the use of cervical cancer screening and follow-up services and ultimately, to reduce the number of women whose lives are lost to cervical cancer in South Carolina.*

Healthy People 2000 Goal: Increase to at least 85% the proportion of women with a uterine cervix who have had a pap smear within the preceding one to three years.

Target 1. To establish baseline measurements for cervical cancer in South Carolina, including incidence, stage at diagnosis, distribution, and mortality rates.

Target 2. Increase the percentage of women who have had a pap smear within the past two years from 85.5% to 95%. (BRFSS baseline, 1995)

Public Education

Objective 1. To increase knowledge and health-seeking behavior of all women with regard to cervical cancer screening.

Strategy 1. To develop alliances with business and industry for the purpose of disseminating information on cervical cancer screening.

Strategy 2. To promote community outreach activities that raise awareness about cervical cancer screening.

Strategy 3. To incorporate education on the implications of the HPV virus in cervical cancer prevention into high school curricula.

Strategy 4. Expand cervical cancer education and screening in state health department clinics.

Provider Referral

Objective 2. To ensure that health care providers recommend Pap smears according to guidelines to at least 95% of their eligible female patients.

Strategy 1. Conduct a baseline survey to determine the percentage of primary care providers who routinely counsel their patients on Pap smears.

Strategy 2. Conduct a baseline survey to determine the percentage of specialists who recommend Pap smears to their eligible patients, especially older women.

Follow-Up and Rescreening

Objective 3. To educate all women about their risk of cervical cancer and the need to return for appropriate rescreening or diagnostic tests.

Objective 4. To promote standardized clinical guidelines for providing follow-up care for each level of Pap smear result (using the Bethesda System to define levels of results).

Objective 5. To promote the use of reminder and tracking systems to inform women of their need for follow-up and/or rescreening by educating primary practitioners about the value of such systems.

Objective 6. To advocate for an adequate resource network to enable all women in need of diagnostic follow-up to receive care in a timely manner.

Professional Education

Objective 7. To educate providers about appropriate methods for conducting Pap smears and urge the incorporation of these programs into clinical practice.

Objective 8. To facilitate multidisciplinary coordination of care among providers who provide services to women with abnormal Pap smears.

Objective 9. To provide continuing education to pathologists and cytotechnologists.

Community Partners: *Best Chance Network, DHEC Sexually Transmitted Disease Programs, DHEC Family Planning Programs, American Cancer Society, Carolina Healthstyles, Medicare PRO, Primary Care Association, SC Medical Association, SC Nursing Association, American College of Gynecologists, Planned Parenthood, USC School of Public Health.*

Prostate Cancer Detection

Goal: To give men in South Carolina the information and support they need to make informed individual decisions for prostate cancer detection.

Target 1. Develop indicators for the surveillance of prostate cancer incidence, morbidity and mortality in South Carolina, with particular emphasis on the high-risk, African-American population.

Objective 1. Public Education. To identify the gaps in community education regarding early detection of prostate cancer, treatment options and supportive care for prostate cancer patients.

Strategy 1. Determine what the public education message regarding prostate cancer should be for 1) the general population and 2) the high-risk, African-American population.

Strategy 2. Evaluate public information campaigns and materials developed in other states and by national organizations.

Strategy 3. Develop public information and health education materials for use in South Carolina, with particular emphasis on the African American community.

Strategy 4. Develop community outreach programs throughout South Carolina.

Objective 2. Professional Education. To identify the gaps in professional education regarding early detection of prostate cancer.

Strategy 1. Assess professional education regarding prostate cancer detection and treatment for medical students and allied professionals.

Strategy 2. Seek linkages with the medical schools and major professional organizations in South Carolina to develop collaborations for professional education.

Goal: To ensure that access to health care is not a barrier for any man seeking prostate cancer detection services.

Objective 1. Detection. Assess barriers to prostate cancer testing in South Carolina, with particular emphasis on the high-risk, African-American population.

Objective 2. Capacity/Health Services. Evaluate access to, availability of, and quality of prostate cancer detection and care in South Carolina.

Goal: Develop a statewide, community-based network to bring people together to address prostate cancer mortality in South Carolina. A central component of this network must be a grassroots, statewide effort to reach men who are poor and underserved, and have traditionally been outside the health care system.

Community Partners: American Cancer Society, DHEC Minority Health, South Carolina Prostate Cancer Project, Council of Black Churches, ACCESS (MUSC), SC Medical Association, Primary Care Association,

South Carolina Urology Association, SC Nurses Association, Palmetto Medical Society, USC Public Health, USC Nursing, US TOO, PAACT, Medicare and other providers.

Genetics

Goal: To continuously monitor the growing field of Genetic Risk Assessment and develop public policies and strategies in response to this rapidly changing field.

Objective 1. To form an ongoing CCAC Task Force to monitor the impact of the growing field of human genetics research on cancer prevention and care.

Objective 2. Work with state-wide experts in Genetic Risk Assessment to monitor future legislation regulating the use of genetic testing, issues in adverse selection and reimbursement issues.

Community Partners: *SC Alliance for Cancer Genetics, American Cancer Society, Women's Cancer Coalition, Hereditary Prostate Cancer Study.*

Health Care, Cancer Care, and Palliative Care

Goal: To assure that patients enrolled in the South Carolina State-Aid Cancer Program have coordinated, timely, and clinically appropriate care.

Objective 1. To increase state funding and legislative support for the State-Aid Cancer Program.

Objective 2. To conduct an operational analysis of the State-Aid Cancer Program (SACP), to ensure its effectiveness in the changing environment of cancer care delivery.

Strategy 1. To evaluate the geographic availability of State-Aid services.

Strategy 2. To evaluate the use of resources by the State-Aid Cancer Program and quantify the cost of those services.

Goal: To ensure that all South Carolinians have access to quality cancer care.

Objective 1. To ensure that all South Carolinians have access to comprehensive cancer education and detection services.

Objective 2. To increase the number of hospitals in South Carolina with cancer programs accredited by the American College of Surgeons.

Objective 3. To advocate for health care coverage for cancer patients and survivors so that their treatment and continuing care needs are met.

Objective 4. To ensure that neither transportation nor housing is a barrier to cancer care for any South Carolinian.

Objective 5. To monitor the impact of the changing health care delivery system on the ability to provide screening and care to underserved populations in South Carolina.

Objective 6. To monitor the impact of health care legislation on the delivery of cancer care in South Carolina.

Community Partners: *SC Medical Association, SC Nursing Association, SC Hospital Association, American Cancer Society, Medically Indigent Assistance Program, SC Primary Care Centers, US Health and Human Services, Medicaid, SC Budget and Control Board, SC Council on Aging, DHEC Rural Health, DHEC Geographic Information Systems, Best Chance Network, US Too.*

Goal: *To advocate for palliative care for all cancer patients in South Carolina.*

Objective 1. To collaborate with South Carolina Cancer Pain Initiative and other groups within the state which advocate for effective and humane management of cancer pain.

Objective 2. To encourage incorporation of cancer pain management issues within curricula for health care professionals-in-training, particularly physicians, nurses and pharmacists.

Objective 3. To promote awareness of cancer pain management issues among practicing health-care professionals, with particular emphasis on community-based, primary care physicians.

Objective 4. To advocate for psychosocial care for all cancer patients and their families in South Carolina.

Objective 5. To support hospice services in South Carolina and assure their statewide availability.

Community Partners: *American Cancer Society, South Carolina Cancer Pain Initiative, South Carolina Chapter of the National Coalition for Cancer Survivorship.*